

MQAC CA - MANAGEMENT TEAM ASSESSMENT .JT

Wednesday CMT - Telephonic Assessment

Respondent: Hammond, G. Steven

Case Number: 2011-157169

Date: <u>6-15-11</u>	Staff Attorney: <u>Caille</u>	Clerk:
Panel Chair: <u>Brantner</u>	Cullen, Andison, Brantner, Burger, Clower, Concannon, Elders, Green, Johnson, Pattison, Tobin, Dore, Gotthold, <u>Harvey</u> , Hensley, Hopkins, Page, Robins, Ruiz, Sen	
Staff Present: ED, ISU, PM, Staff Atty, Disc Mgr, Other	Jansen, <u>Dr. Hays</u> , Smith, Kitten, Newman, Kramer, Bucci, Farrell, <u>Berg</u> , <u>Caille</u> , <u>McLaughlin</u> , <u>Landreau</u> , <u>Mager</u> , <u>Creighton</u>	

A. FILE CLOSED PRIOR INVESTIGATION (BEFORE)

<input type="checkbox"/> BT1 - Advertising that is a technical violation	<input type="checkbox"/> BT7 - Insufficient information	<input type="checkbox"/> BT12 - Profession-Specific Threshold Explain: _____ a) Violating confidentiality b) Inappropriate delegation to unlicensed person that does not involve invasive procedures or piercing of skin (e.g., RN instructs NA to apply skin cream) c) Failure to supervise resulting in no harm or minor harm to a patient d) Isolated incidents which suggest little or no patient harm, not likely to reoccur
<input type="checkbox"/> BT2 - Aged or outdated complaints	<input type="checkbox"/> BT8 - Issues which have been otherwise resolved. Explain resolution: _____ (Detail corrective action: practitioner is already revoked; ongoing monitoring, etc.)	<input type="checkbox"/> BT13 - Referral to another program or agency
<input type="checkbox"/> BT3 - Billing and fee disputes except as designated by disciplining authority	<input type="checkbox"/> BT9 - Lack of complaint credibility	<input type="checkbox"/> BT14 - Risk minimal, not likely to reoccur
<input type="checkbox"/> BT4 - Communication and personality issues	<input type="checkbox"/> BT10 - No Jurisdiction	<input type="checkbox"/> BT15 - Time practice on an expired credential for a period of time accepted by the disciplining authority
<input type="checkbox"/> BT5 - Complainant withdrew	<input checked="" type="checkbox"/> BT11 - No violation at the time the event occurred	<input type="checkbox"/> BT16 - Unidentified complainant, client or patient name and no allegations of significant harm or potential harm
<input type="checkbox"/> BT6 - If allegations are true, no violation of law occurred	Further explanation (if any): _____	

B. SCOPE OF INVESTIGATION AUTHORIZED: ☐ Entire complaint ☐ Limit investigation ☐ Focus investigation

Notes:

C. PRIORITY ☐ A (risk of immediate danger) ☐ B (serious risk) ☐ C (moderate risk) ☐ D (minor risk) ☐ E (technical violations)

D. **SEXUAL MISCONDUCT CASES:** Refer complaints of sexual misconduct to the Secretary when the case does not involve clinical expertise or standard of care issues. (If the panel cannot tell if clinical issues exist, the panel may request the investigator contact the complainant or key witness)

☐ Panel finds there are clinical issues, do not refer ☐ No clinical issues, refer case to Secretary ☐ Contact complainant or witness for more info

E. CLOSED AFTER INVESTIGATION

<input type="checkbox"/> Application investigation only - Panel decides to grant without conditions	
<input type="checkbox"/> A1-Care rendered was within standard of care	<input type="checkbox"/> A7-Mistaken identity
<input type="checkbox"/> A2-Complainant withdrew	<input type="checkbox"/> A8-No Jurisdiction
<input type="checkbox"/> A3-Unique closure (panel must explain)	<input type="checkbox"/> A11-No Whistleblower
<input type="checkbox"/> A5- Evidence does not support a violation	<input type="checkbox"/> A12-Risk minimal, not likely to reoccur
Further Explanation:	

GUIDE FOR CLOSURE CODES

June 2010

Code	Closure	Description
	Application	Decision to grant an unrestricted license
A-1	Care rendered was within standard of care	The evidence establishes that the respondent met or exceeded the standard of care.
A-2	Complainant withdrew complaint	The complainant withdrew the complaint, and the complainant's testimony is necessary to meet the burden of proof.
A-3	Unique closure (Panel must explain)	Any concerns regarding Respondent have been resolved through corrective action, license revocation, suspension, or other means. <ul style="list-style-type: none"> • Respondent died. • Other circumstances (explain): _____
A-5	Evidence does not support a violation	<ul style="list-style-type: none"> • Cannot establish by clear, cogent, and convincing evidence that Respondent violated any UDA provision. • Includes situations where the investigator was unable to obtain all material evidence. • Despite the evidence, the alleged misconduct does not constitute a UDA violation.
A-7	Mistaken Identity	Case opened under the wrong respondent's name.
A-8	No Jurisdiction	Respondent is not licensed in Washington, has never been licensed in Washington, and is not applying for a license in Washington.
A-11	No Whistleblower Release	Complainant would not sign a whistleblower release AND the complainant's identity is necessary to prove a UDA violation.
A-12	Risk Minimal- Not likely to Reoccur	There is sufficient evidence that Respondent violated the UDA, but the evidence indicates that (a) the violation is not likely to reoccur and (b) closure poses no more than a minimal risk to the public.

zdan guideclosecode revised pjh0521-2010

MQAC REVIEW
Case Number: 2011-157169

Date: June 9, 2011
Presented by: George Heye, MD

Respondent: HAMMOND, G. STEVEN, MD	Snohomish County
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Complainant:	3 - Identity - Whistleblower rega...
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CASE SUMMARY

The Respondent:

Board Certified: Int Med; Endocrinology
DOB: 7/6//1951
Licensed since: 5/17/1988
Expiration date: 7/6/2011
Medical School: University of Texas Galveston
Residency: UC Davis'83-'88

The Complainant: The complainant is an inmate incarcerated in Monroe.

Malpractice Settlement:

The Complaint: An inmate writes that the DOC medical system does not provide adequate care for the cataract and glaucoma of his left eye and the infected scotoma and floaters on the right eye following a cataract surgery.

(This is the fourth complaint MQAC has received in 2011 from this complainant. All the complaints are the same as the above complaint. The other cases are:

153222 Intake on 1/26/11. Respondent: PA. Closed BT at CMT
155597 Intake on 4/13/11. Respondent: Med Unknown. Closed BT at CMT
156876 Intake on 5/27/11. Respondent: MD (not the respondent). Opened to investigation at CMT)

RCM Review

Prior Cases:

2009-135141 – A DOC inmate complains that the pain from his Osgood-Schlatter's disease has been inadequately addressed and treated. He also complains that he has not been offered an alternative to milk and eggs which he says he is intolerant to. He feels he should be provided soymilk and tofu and that he should be evaluated by a dietician.

Closed Below Threshold (not investigated).

2010-146659 – The mother of a DOC inmate writes that on April 1, 2010 her son underwent shoulder surgery for bone cancer (osteosarcoma). The patient apparently had some post operative drainage that was culture positive for MRSA. The patient was initially treated with

clindamycin but then that was stopped when it was found that the MRSA was resistant. The patient was then not treated with another antibiotic. Also she says her son was never told that he had an MRSA infection. The patient also is suffering from severe abdominal pains which the medical staff attributes to indigestion. The mother thinks that the pains may be related to the MRSA spreading to her son's abdominal organs.

The mother says that her son had had MRSA infections in the past, prior to the April 1st surgery but that the medical staff did not do cultures on him before the surgery to see if he still had MRSA.

Respondent 659 is named because he is the Medical Director of DOC. Respondent 660 is the Medical Director of the facility where the patient is confined. 661 is the doctor who discontinued the clindamycin and told the patient he did not need additional antibiotics. 662 is the shoulder surgeon who did not do any pre-operative MRSA screening. Respondent 663 is a DOC staff practitioner who noted that the patient's culture came back positive for MRSA but then made no other comment or plan to address the issue.

Closed NCFA.

2010-149674 – An inmate writes that the DOC will not approve surgery for a Dupuytren's type contracture of the small finger of his left hand. The patient has been diagnosed with post polio syndrome involving his right arm. He was evaluated by an orthopedic specialist in December 09 who indicated that the options for the left hand were to do nothing or to do surgery but in any case there was no rush to do anything. The DOC CRC committee in February 2010 decided that the inmate's condition did not meet medical necessity as defined in the DOC Offender Health Plan. The complainant encloses, among others, the orthopedic consultation as well as letters that went between his attorney and the respondent DOC medical director.

Closed No Jurisdiction (not investigated).

2011-152805 - In 2009 the complainant was approved for medicinal use of marijuana. He was subsequently placed on one year community supervision in Benton county. The respondent DOC physician informed the complainant that he could not use the approval card any longer. The complainant says that the respondent has never seen or examined him so for him to take the action he did borders on malpractice. **CLOSED BELOW THRESHOLD (NOT INVESTIGATED),**

Recommendation:

MEDICAL QUALITY ASSURANCE COMMISSION

CMT

Review of Cases

CMT DATE/
Panel Members/
Decision:

MQAC CMT - JUNE 15, 2011

Richard Brantner, MD, Chair

Ellen Harder, PA-C

Terri Elders, Public Member

DECISION: CLOSED PRIOR TO INVESTIGATION

Case No.: 2011-157169

The attached pages were reviewed:

338-345

MQAC REVIEW
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Recommendation:

RECEIVED

JUN 02 2011

DEPARTMENT OF HEALTH
NCCAC

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

3 - Identity - Whistleblower regarding h...

plaintiff

) Medical Malpractice by

v.

) Healthcare Providers.

U. Stevens Hammond, M.D., Chief

) Case No.

Defendant(s) Jane Doe

)

Defendant(s)

) (Clerk's action required)

Defendant's address

Coyote Ridge Correction Center

1301 North Ephrata Ave., P.O. Box 3759

Connell, WA, 99326

RECEIVED

JUN 07 2011

DEPARTMENT OF HEALTH
MEDICAL COMMISSION

I, the undersigned complainant state the following is true and correct to the best of my knowledge and belief. On or about the 25th day of May, 2011, in county, in the District of Connell, defendant(s), did--violate the Supreme Court ruling that "deliberate indifference to serious medical needs of prisoner's" is cruel and unusual punishment. Estelle v. Gamble, 429 U.S. 97, 104 (1976). The complaint alleges facts that state a Constitutional claim under this standard.

"Prison officials are obligated under the Eighth Amendment to provide prisoners with adequate medical care. This principle applies regardless of whether the medical care is provided by the governmental employee's or by private medical staff under

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contract with the government."

Deliberate indifference to serious medical needs of prisoner constitute the 'unnecessary and wanton infliction of pain' proscribed by the Eighth Amendment. Informational and belief that the Healthcare providers knew of and disregarded a substantial risk of serious harm to the plaintiff's health.

(Track Statutory Language of Offense).

In violation of Title 18 United States Code, section VIII, I further state that I am a(n) complainant and that this complaint is based on the following facts:

The laws have long accepted that prison must provide for your medical care. *Spicer v. Williams*, 191 N.C. 487, 132 S.E. 291, 293 (1926). It is but just that the public be required

It is but just that the public be required to care for the prisoner, who cannot, by reason of the deprivation of his liberty, care for himself.

In the landmark of *Estelle v. Gamble*, the United States Supreme Court concluded that medical care is a condition of confinement that is protected by the Eighth Amendment guarantee against cruel and unusual punishment. 429 U.S. 97, 97 S.Ct. 285, 50n L.Ed. 2d 251 (1976). The Supreme Court specifically held that medical care is a condition of confinement that is protected by the Eighth Amendment held that "deliberate indifference" to serious medical needs of prisoners constitute the unnecessary and wanton infliction of pain" which the Eighth

Amendment must prohibit. *Id.* at 104 (citing *Grogg v. George*, 429 U.S. 135, 167-173 (1976)). The plaintiff is impaired with a vision of cataract and glaucoma manifestation on the left eye and infected scotoma and floaters on the right eye after a cataract surgery. He has a vision on the right clouded with the scotoma and floaters making it difficult to see at times. He cannot see out of his left eye due to the cataract impaired vision.

I submitted a healthcare file to C. Stevens Hammond, M.D., M.D.A. chief medical officer of Health Services on 05/10/2011, which was complied and answered to by Elise E. Suiter, M.D. in denial, when she responded by telling me to pay for the eye operation myself. She is not a ophthalmologist and does not work in the area of ophthalmology, but a regular medical physician to make any predictions and dictate what I should or should not do.

Defendant Prison Medical provider have a policy of restraining if not outright denying, follow-up ordered by a doctor when such cost are expensive.

The Prison Medical Provider (PMP) dismissed a particular prisoner's complaint of serious medical needs on the grounds that the seriousness of his problem was not "serious to lay person" stating that I could see clearly 25 feet as a personal *parti pris* and that they provided no expert testimony about seriousness of inmates conditions.

page 3

The defendant's argue that the inmate's medical problem is not serious because it can be corrected with a monocle or spectacle, the plaintiff's medical condition is a manifestation by the glaucoma, a disease of the eye marred by increased pressure within the eye ball that can result in damage to the disk and gradual loss of vision, while a cataract is the clouding of the lens of the eye or its surrounding transparent membrane that obstructs the passage of light, as a cataractious conditions

They made no effort to correct the monocle or spectacle for a proper vision using these spectacles and had focused entirely on the measurements of the circumference of the pupil and nothing else , albeit I have enquired about the eye glasses proper focus which was ignored with an act of callousness by the pro-claimed ophthalmologist Jane Doe.

Whenever, I enquired about this she got obnoxious with me when I said, "this is getting tiresome and nothing else is being done under a promise to lance the glaucoma and clean the scotoma and floaters as they said in their last visit 7 months ago, back in November, 2010 and had reneged on that statement

This pseudo-eye doctor made a threatened statement by telling me that I had refused to take any medical care and that I can go ahead and go blinded and that she is to tell the doctor G.Stevens Hammond to stop my eye drops and suspend my treatment for well

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A physician-patient relationship arises when a doctor undertakes to render medical services in response to an express or implied requests for services by the patient or by the patients' guardian. A doctor is not required to accept every patient. Once the physician-patient relationship exists, however, the doctor cannot withdraw at will. Normally, a doctor does not warrant or promise a particular cure or other result.

If a warrant or promise is given the patient has a breach-of-warranty or breach-of-contract action against the doctor if the result or cure is not produced.

Although, doctors are understandably reluctant to give express guarantees, they sometimes use language to their patients that a court will interpret as a guarantee. Such language could be interpreted as a promise to cure. If the patient is not cured, a breach of contract action may be successful against the doctor even if the doctor was not negligent in performing the operation .

Doctors can commit a battery if they make physical contact with a part of the patient's body without consent or beyond the consented provided by the patient. Most cases, however, are decided under a negligence theory.

How much information on the benefit and risk of a proposed treatment must a doctor provide a patient? A doctor must disclose information on the risks and benefits of a proposed treat-

ment that a reasonable patient with the patient's condition would wish to know.

Medical malpractice is often one of the major areas of a tort practice. It consists of professional misconduct or wrongdoing by medical practitioners such as doctors.

A disciplinary proceeding is an action brought to reprimand, suspend, or expel a licensed professional or other persons from a profession or other groups because of unprofessional, unethical, improper, or illegal conduct. Because the actions of the action of this ophthalmologist Fahey Maureen S. (OD), is that is who it is then it's an unprofessional act and violates a mandatory regulation stating the minimum level of professional conduct that a professional must sustain to avoid being subject to disciplinary action.

To the best of my knowledge this is based on facts and I am suffering painful ideals from not being able to see due to the manifested lens.

Dated 05/26/2011.

Respectfully submitted,

3 - Identity - Whistleblower regarding health care provider - RCW 42.56.510, RC...

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Case View Screen [update]

Case	2011-157169 (PUBLIC)	Date Created	06/09/2011	Audit Entry Items Documents Notes Master Cas Participan Add Maste Timeline b
Status	Intake	Date Received	06/09/2011	
Respondent ID	448352	Receiving Board	COMMISSION	
Respondent	GEORGE STEVEN HAMMOND	Receiving Profession	Physician And Surgeon License	
Credential	MD.MD.00025487	Receiving Department	Case Intake	
		Received By	Vicki I Creighton	
Complainant ID	924275	Alleged Issues		
Complainant	3 - Identity - Whistleblo...	Patient Care		
		Case Nature		
		Standard of Care/Services		

Comments:

- Priority History
- Other Participants
- Resolution
- HIPDB Reports
- Action Items

Priority History [add]

Date	Priority	Priority Reason	Decision Maker	Decision Date	Comment	COR	U
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Other Participants [add]

No additional participants found

Resolution [update]

Department: Case Intake
 Worker: Vicki I Creighton
 Date Closed:

Found Issues
 none
 Resolution
 none

Resolution Notes:**Current HIPDB Reports****Type**

No HIPDB Reports found for this credential.

Submission Date**Status****DCN****Case I****Action Items** [add] [add group]

Type	Assigned To
Intake	Case Intake, Creigh
Target:	GEORGE STEVEI
Warning:	Warning Type:
	Warning Effective
	Suppress License
Case Status:	Status Changed Ti
Action Info:	Complaint Source
	Possible Imminent
	Danger?

*NOTE:**Address change
for Complainant*

Order Signed	Created ▼
	06/09/2011 Creighton,



AMA Physician Profile

Name and Mailing Address:

GEORGE STEVEN HAMMOND MD

1 - DOH Licensee He...

Primary Office Address:

7345 LINDERSON WAY SW
TUMWATER WA 98501-6504

Phone: 1-360-725-8700

Birthdate: 07/06/1951

Birthplace: AMES, IA UNITED STATES OF AMERICA

Physician's Major Professional Activity: ADMINISTRATION

Practice Specialties Self Designated by the Physician*:

Primary Specialty: ENDOCRINOLOGY, DIABETES & METABOLISM

Secondary Specialty: INTERNAL MEDICINE

*Self-Designated Practice Specialties/Areas of Practice (SDPS) listed on the AMA Physician Profile do not imply "recognition" or "endorsement" of any field of medical practice by the Association, nor does it imply, certification by a Member Medical Specialty Board of the American Board of Medical Specialties, or that the physician has been trained or has special competence to practice the SDPS.

AMA membership: MEMBER

————— All Information from this Point Forward is Provided by the Primary Source —————

Current and/or Historical Medical School:

UNIV OF TX MED BRANCH GALVESTON, GALVESTON TX 77550

Degree Awarded: Yes

Degree Year: 1983



AMA Physician Profile

Current and/or Historical Post Graduate Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):

Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with projected date of completion. If the training program indicates that training for a physician in a particular specialty was not completed at their institution, the training segment will be identified as "INCOMPLETE TRAINING".

Institution: UNIV CA DAVIS MED CTR
Specialty : INTERNAL MEDICINE

State: CALIFORNIA
07/1983 - 06/1984
(VERIFIED)

Institution: UNIV CA DAVIS MED CTR
Specialty : INTERNAL MEDICINE

State: CALIFORNIA
07/1984 - 06/1986
(VERIFIED)

Institution: UNIV CA DAVIS MED CTR
Specialty : INTERNAL MEDICINE

State: CALIFORNIA
07/1986 - 06/1988
(VERIFIED)

Note: If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.

Current and/or Historical Medical Licensure:

<u>Jurisdiction</u>	<u>MD/ DO</u>	<u>Date Granted</u>	<u>Expiration Date</u>	<u>Status</u>	<u>License Type</u>	<u>Last Reported</u>
WASHINGTON	MD	05/17/1988	07/06/2011	ACTIVE	UNLIMITED	05/20/2011
CALIFORNIA	MD	07/02/1984	07/31/1989	INACTIVE	UNLIMITED	05/16/2011

Note: When the specific month and day are unknown, the date will display the default value of "01." Not all licensing boards maintain or provide full date values. Please contact the appropriate licensing board directly for this information.



AMA Physician Profile

Current and/or Historical NPI Information:

<u>NPI Number</u>	<u>Enumeration Date</u>	<u>Deactivation Date</u>	<u>Reactivation Date</u>	<u>Replacement Number</u>	<u>Last Reported Date</u>
1255364618	07/09/2006	NOT RPTD	NOT RPTD	NOT RPTD	06/03/2011

ECFMG Certification:

Applicant Number:

Note: The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service in writing at P.O. Box 13679, Philadelphia, PA 19101.

Federal Drug Enforcement Administration:

* Only the last three characters of active DEA number(s) are displayed.

<u>DEA Number *</u>	<u>Schedule</u>	<u>Expiration Date</u>	<u>Last Reported</u>
XXXXXX514	22N 33N 4 5	10/31/2011	05/06/2011

Address: 1 - DOH Licensee Health Professional home address and/...

Note: Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

Specialty Board Certification(s)*:

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by accrediting bodies such as the Joint Commission and National Committee for Quality Assurance (NCQA).

Certifying Board: AMERICAN BOARD OF INTERNAL MEDICINE

Certificate: ENDOCRINOLOGY AND METABOLISM

Certificate Type: SUB-SPECIALTY

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Reverification Occurrence</u>	<u>Last Reported</u>
LIFETIME	11/07/1989		INITIAL	05/05/2011



AMA Physician Profile

Certifying Board: AMERICAN BOARD OF INTERNAL MEDICINE

Certificate: INTERNAL MEDICINE

Certificate Type: GENERAL

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Reverification</u>	<u>Occurrence</u>	<u>Last Reported</u>
LIFETIME	09/10/1986			INITIAL	05/05/2011

Note: For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information. (**) Indicates an expired certificate.

*This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties. Copyright 2011 American Board of Medical Specialties. All right reserved.

Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

Other Federal Sanction(s):

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.

Additional Information:

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.

The content of the AMA Physician Profile is intended to assist with credentialing. Appropriate use of the AMA Physician Masterfile data contained on this Profile by an organization would meet the primary source verification requirements of the Joint Commission and the American Accreditation HealthCare Commission/URAC. The Physician Masterfile meets the National Committee for Quality Assurance (NCQA) standards for verification of medical education, post graduate medical training, board certification, DEA status, and Medicare/Medicaid sanctions.

If you note any discrepancies, please log onto our web site (<http://www.ama-assn.org/go/amaprofiles>) and go to the order detail page, select the ID following the physician's name and enter the date in question. Or you can mark the issues on a copy of the profile and mail or fax to:

Division of Database Products and Licensing
Attn: Credentialing Products
515 N. State Street
Chicago, IL 60654
800-665-2882
312 464-5900 (fax)

If you have questions or need additional information, please call the AMA Profile Service customer support line at 800-665-2882.

Credential View Screen [update]

GEORGE STEVEN HAMMOND

Address:

☒ Public ☐ Mail ☐ Renewal Mail

[change public address]

GEORGE STEVEN HAMMOND

1 - DOH Licensee Health Pro...

ID 448352
 Warnings
 SSN/FEIN 2 - DOH Licen...
 Contact Standing Living
 Contact Type INDIVIDUAL
 Birth Date 07/06/1951
 Public File YES
 Mailing List
 Legacy Licensure Name HAMMOND, GEORGE STEVEN

Contact
 Audit
 Public Cases
 Cont. Edu
 Documents
 Owned By/Key Mgmt
 Exams
 Experience
 Notes
 Schools
 Supervises
 SupervisedBy
 Legacy
 Librarian
 Application
 Other State License

Comments: ADS CHG 5/6/04 JDH

Physician And Surgeon License [update] [form letter]

Credential # MD.MD.00025487
 Legacy License # MD00025487
 Application Date
 Effective Date 05/27/2011
 Expiration Date 07/06/2013
 First Issuance Date 05/17/1988
 Last Date Of Contact
 CE Due Date 07/06/2013

Credential Status ACTIVE (05/31/2011)
 Status Reason ACTIVE
 Amount Due \$0.00
 Date Last Activity 5/31/2011 3:59:56 PM
 Last Updated by Johnson, Jeanine
 Certificate Sent Date 05/31/2011
 Work Queue LEGACYDATA, DOH

Audit
 Documents
 Workflow
 Key Mgmt
 Fees
 Notes
 Print Docs
 Comp. Audit
 Renewal
 Legacy

Comments: ADS CHG 5/6/04 JDH

Supervises	User Defined License Data	Legacy	HIPDB		
[update]					
Contact Name	Credential	Credential Definition	Board	Supervision Type	Status
YELENA BRUKHIS	PA.PA.10005208	PA-Physician Assistant License	COMMISSION	Physician Assistant Sponsorship	ACTIVE
Najibullah Sayed Stoman	PA.PA.10001570	PA-Physician Assistant License	COMMISSION	Physician Assistant Sponsorship	ACTIVE

Case - Search [hide criteria]**Case**

Year - Number -

Legacy Case

Board

Participant

Name ☒ Respondent ☐ Complainant ☐ Participant

Credential Number . . -

SSN/FEIN

Secretary Of State #

Federal ID

CLIA Number

Search Options

☐ Soundex ☐ Search Previous Names ☐ Open results in new window

Case ▲	Board	Department	Status	Respondent	Complainant	Opened Da
1997-1332	BOARD	Case Intake	CLOSED	HAMMOND, GARY DAN	NONE	04/14/1997
1998-74731	SECRETARY	ZLegacy	CLOSED	HAMMOND, GLEN R	NONE	08/20/1998
2008-127225	SECRETARY	Case Intake	CLOSED	Hammond, Gregory Warren	3 - Identity - Whistleblower...	06/03/2008
2008-127226	SECRETARY	Case Intake	CLOSED	Hammond, Gregory Warren		06/03/2008
2008-127518	SECRETARY	Case Intake	CLOSED	Hammond, Gregory Warren		06/13/2008
2008-127519	SECRETARY	Case Intake	CLOSED	Hammond, Gregory Warren		06/13/2008
2009-135141	COMMISSION	Case Management	CLOSED	HAMMOND, GEORGE STEVEN		03/23/2009
2010-146659	COMMISSION	Case Management	CLOSED	HAMMOND, GEORGE STEVEN		06/10/2010
2010-149674	COMMISSION	Case Management	CLOSED	HAMMOND, GEORGE STEVEN		09/20/2010
2011-152805	COMMISSION	Records Retention	CLOSED	HAMMOND, GEORGE STEVEN		01/12/2011
2011-157169	COMMISSION	Case Intake	Intake	HAMMOND, GEORGE STEVEN		06/09/2011

Showing 1 to 11 of 11 Results.

Complainant View for 2011-157169 [back]**Change address**

ID	924275
Contact Standing	Living
SSN/FEIN	
Public File	YES
Mailing List	
Contact Type	ENFORCEMENT ENTRY

Comments:

Credentials

Credential	Sub	License Type	License Issue	Expiration Date	Status	Reason
No Credentials on File						

Case - Search [hide criteria]**Case**Year - Number - Legacy Case Board - select one - **Participant**Name 3 - Identity - Whistlebl... ☐ Respondent ☒ Complainant ☐ ParticipantCredential Number . . - SSN/FEIN Secretary Of State # Federal ID CLIA Number **Search Options**☐ Soundex ☐ Search Previous Names ☐ Open results in new window

Case ▲	Board	Department	Status	Respondent	Cc
2009-138496	COMMISSION <i>nursing</i>	Case Intake	CLOSED	Panek, Timothy M	Panc
2009-138497	COMMISSION <i>nursing</i>	Case Intake	CLOSED	Panek, Timothy M	Panc
2011-153222	COMMISSION <i>BTC</i>	Case Management	CLOSED	ELLIS, PHYLLIS P.	Panc
2011-153351	FACILITIES AND SERVICES <i>BTC</i>	Case Intake	CLOSED	Washington State Department of Corrections	Panc
2011-155597	COMMISSION <i>BTC</i>	Case Management	CLOSED	UNKNOWN, MEDICAL	Panc
2011-156876	COMMISSION <i>BTC</i>	Case Management	Assessment	Suiter, Elizabeth G	Panc
2011-157169	COMMISSION	Case Intake	Intake	HAMMOND, GEORGE STEVEN	Panc

Showing 1 to 7 of 7 Results.

complainant's prior ~~cases~~ complaints

Smith, James H (DOH)

From: Smith, James H (DOH)
Sent: Thursday, July 28, 2011 1:34 PM
To: Lundy, Kathryn R. (DOC); Lundy, Kathleen R. (DOC)
Subject: FW: 3 - Identity - Whist...

Ms. Lundy:

Without identifying the complainant, the complaint in case # 11-157169MD came from an inmate by mail. It was received on 6/2/11. Confidentiality rules prohibit the release of the complaint's identity (RCW 73.70.075).

Thank you,

James H. Smith, Chief Investigator
Medical Quality Assurance Commission

From: Creighton, Vicki I (DOH)
Sent: Thursday, July 28, 2011 8:51 AM
To: Lundy, Kathryn R. (DOC)
Cc: Smith, James H (DOH)
Subject: RE: 3 - Identity - Whis...

I am forwarding this to Chief Investigator Jim Smith for his response. His phone number is 360-236-2770.

From: Lundy, Kathryn R. (DOC)
Sent: Thursday, July 28, 2011 8:49 AM
To: Creighton, Vicki I (DOH)
Subject: 3 - Identity - Whi...

Vicki,

Dr. Hammond received the attached from DOH. We forwarded it to our AAGs for review and Torts is now handling it. They would like to know how DOH received the complaint. Do you have that information? Source states "Patient/Client/Resident". Did you receive it in the mail directly from Mr. 3 - Identity - ... ?

<< File: 3 - Identity ... v Hammond.pdf >>

Thank you,

Kathryn Lundy, RHIT

*Health Services
Department of Corrections
PO Box 41123
Olympia, WA 98504-1123*

*Phone: 360-725-8859
Fax: 360-586-9060*

7-27

Please call April Parker
at the AG's tort division
re this file.

586-6325

2:28 TC 1 EXP MORE

Process - Comd Against DC

it was handled as a

complaint, moved out

Closest MAC is not

known nor have we been

serv

AGS

Smith, James H (DOH)

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Kathryn Lundy, RHIT

Health Services
Department of Corrections
PO Box 41123
Olympia, WA 98504-1123

Phone: 360-725-8859
Fax: 360-586-9060

7/28/11 11:30
ved with DDRC
OK to say from an
inmate by mail on
A DATE. JLS

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

3 - Identity - Whistleblower regard...

plaintiff

v.

G. Stevens Hammond, M.D. Chief

~~Maureen S. Fohey, OD~~
~~Bedford, Ohio~~

Defendant(s)

Defendant's address

Coyote Ridge Correction Center

1301 North Ephrata Ave., P.O. Box 3769

Connell, WA. 99326

)

) Medical Malpractice by

) Healthcare Providers.

) Case No.

)

) (Clerk's action required)

I, the undersigned complainant state the following is true and correct to the best of my knowledge and belief. On or about the 25th day of May, 2011, in county, in the District of Connell, defendant(s), did--violate the Supreme Court ruling taht "deliberate indifference to serious medical needs of prisoner's" is cruel and unusual punishment. Estelle v. Gamble, 429 U.S. 97, 104 (1976). The complaint alleges facts taht state a Constitutional claim under this standard.

"Prison officials are obligated under the Eighth Amendment to provide prisoners with adequate medical care. This principle applies regardless of whether the medical care is provided by the governmental employee's or by private medical staff under

page 1

contract with the government."

Deliberate indifference to serious medical needs of prisoner constitute the 'unnecessary and wanton infliction of pain' proscribed by the Eighth Amendment. Informational and belief that the Healthcare providers knew of and disregarded a substantial risk of serious harm to the plaintiff's health.

(Track Statutory Language of Offense).

In violation of Title 18 United States Code, section VIII. I further state that I am a(n) complainant and that this complaint is based on the following facts:

The laws have long accepted that prison must provide for your medical care. *Spicer v. Williams*, 191 N.C. 487, 132 S.E. 291, 293 (1926). It is but just that the public be required

It is but just that the public be required to care for the prisoner, who cannot, by reason of the deprivation of his liberty, care for himself.

In the landmark of *Estelle v. Gamble*, the United States Supreme Court concluded that medical care is a condition of confinement that is protected by the Eighth Amendment guarantee against cruel and unusual punishment. 429 U.S. 97, 97 S.Ct. 285, 50n L.Ed. 2d 251 (1976). The Supreme Court specifically held that medical care is a condition of confinement that is protected by the Eighth Amendment held that "deliberate indifference" to serious medical needs of prisoners constitute the unnecessary and wanton infliction of pain" which the Eighth

Amendment must prohibit. Id. at 104 (citing Gregg v. George, 428 U.S. 155, 167-173 (1976)). The plaintiff is impaired with a vision of cataract and glaucoma manifestation on the left eye and infected scotoma and floaters on the right eye after a cataract surgery. He has a vision on the right clouded with the scotoma and floaters making it difficult to see at times. He cannot see out of his left eye due to the cataract impaired vision.

I submitted a Healthcare Kite to G. Stevens Hammond, PH.D., M.D., M.H.A., chief medical officer of Health Services on 05/10/2011, which was complied and answered to by Else E. Suiter, M.D. in denial, when she responded by telling me to pay for the eye operation myself. She is not an ophthalmologist and does not work in the area of ophthalmology, but a regular medical physician to make any predictions and dictate what I should or should not do.

Defendant Prison Medical provider have a policy of restraining if not outright denying, follow-up ordered by a doctor when such cost are expensive.

The Prison Medical Provider (PMR) dismissed a particular prisoner's complaint of serious medical needs on the grounds that the seriousness of his problem was not "serious to lay person" stating that I could see clearly 25 feet as a personal party and that they provided no expert testimony about seriousness of inmates conditions.

The defendant's argue that the inmate's medical problem is not serious because it can be corrected with a monocle or spectacle, the plaintiff's medical condition is a manifestation by the glaucoma, a disease of the eye marred by increased pressure within the eye ball that can result in damage to the disk and gradual loss of vision, while a cataract in the clouding of the lens of the eye or its surrounding transparent membrane that obstructs the passage of light, as a cataractious conditions

They made no effort to correct the monocle or spectacle for a proper vision using these spectacles and had focused entirely on the measurements of the circumference of the pupil and nothing else , albeit I have enquired about the eye glasses proper focus which was ignored with an act of callousness by the pro-claimed ophthalmologist (Jane Doe) FAHEY S. Maureen (OD).

Whenever, I enquired about this she got obnoxious with me when I said, "this is getting tiresome and nothing else is being done under a promise to lance the glaucoma and clean the scotoma and floaters as they said in their last visit 7 months ago, back in Movember, 2010 and had reneged on that statement

This psuedo-eye doctor made a threatened statement by telling me that I had refused to take any medical care and taht I can go ahead and go blinded and that she is to tell the doctor G.Stevens Hammond to stop my eye drops and suspend my treatment for me!!

A physician-patient relationship arises when a doctor undertakes to render medical services in response to an express or implied requests for services by the patient or by the patients' guardian. A doctor is not required to accept every patient. Once the physician-patient relationship exists, however, the doctor cannot withdraw at will. Normally, a doctor does not warrant or promise a particular cure or other result.

If a warrant or promise is given the patient has a breach-of-warranty or breach-of-contract action against the doctor if the result or cure is not produced.

Although, doctors are understandably reluctant to give express guarantees, they sometimes use language to their patients that a court will interpret as a guarantee. Such language could be interpreted as a promise to cure. If the patient is not cured, a breach of contract action may be successful against the doctor even if the doctor was not negligent in performing the operation .

Doctors can commit a battery if they make physical contact with a part of the patient's body without consent or beyond the consented provided by the patient. Most cases, however, are decided under a negligence theory.

Now much information on the benefit and risk of a proposed treatment must a doctor provide a patient? A doctor must disclose information on the risks and benefits of a proposed treat-

ment that a reasonable patient with the patient's condition would wish to know.

Medical malpractice is often one of the major areas of a tort practice. It consists of professional misconduct or wrongdoing by medical practitioners such as doctors.

A disciplinary proceeding as an action brought to reprimand, suspend, or expel a licensed professional or other persons from a professions or other groups because of unprofessional, unethical, improper, or illegal conduct. Because the actions of the action of this ophthalmologist Fahey Maureen S. (OD), is that is who it is then it's an unprofessional act and violates a mandatory regulation stating the minimum level of professional conduct that a professional must sustain to avoid being subject to disciplinary action.

To the best of my knowlege this is based on facts and I am suffereing painful ideals from not being able to see due to the manifested lens.

Dated 05/26/2011.

Respectfully submitted.

3 - Identity - Whistleblower regarding health care provider - RCW 42.56.5...

Case View Screen [update]

Case Status	2011-157169 (PUBLIC) CLOSED	Date Created	06/09/2011	Audit Entry Item: Document: Notes Master Car Participan Add Maste Timeline P
Respondent ID	448352	Date Received	06/09/2011	
Respondent	GEORGE STEVEN HAMMOND	Receiving Board	COMMISSION	
Credential	MD.MD.00025487	Receiving Profession	Physician And Surgeon License	
Complainant ID	924275	Receiving Department	Case Intake	
Complainant	3 - Identity - Whistlebl...	Received By	Vicki i Creighton	
		Alleged Issue	Patient Care	
		Case Nature	Standard of Care/Services	
Comments: 06-15-2011 CLOSED BT-11				

- Priority History
- Other Participants
- Resolution
- HIPDB Reports
- Action Items

Priority History [add]

Date	Priority	Priority Reason	Decision Maker	Decision Date	Comment	COR	U
------	----------	-----------------	----------------	---------------	---------	-----	---

Other Participants [add]

No additional participants found

Resolution [update]

Department: Case Management	Found Issues
Worker: Vicki i Creighton	None
Date Closed: 06/15/2011	Resolution
	BT - No violation at the time the event occurred

Resolution Notes:

Current HIPDB Reports

Type

No HIPDB Reports found for this credential.

Submission Date

Status

DCN

Case I

Action Items [add] [add group]

Type	Assigned To	Activity	Due	Effective	Completed	Order Signed	Created	
Change Status to Closed	Case Management, Creighton, Vicki i			06/15/2011	06/15/2011		06/20/2011	Creighton,
Target: GEORGE STEVEN HAMMOND, MD.MD.00025487								
Case Status: Status Changed To: CLOSED								
Action Info: Resolution Recorded? Yes								
Forward for Closure	Case Management, Creighton, Vicki i			06/15/2011	06/15/2011		06/20/2011	Creighton,
Target: GEORGE STEVEN HAMMOND, MD.MD.00025487								
Action Info: Resolution Recorded? Yes								
Comments: 06-20-2011 BT LETTERS MAILED								
Present for Assessment	Case Management, Creighton, Vicki i			06/09/2011	06/15/2011		06/15/2011	Creighton,
Target: GEORGE STEVEN HAMMOND, MD.MD.00025487								
Case Status: Status Changed To: Assessment								
Action Info: Decision Date 06/15/2011								
CMT Decision Maker 1 Brantner Richard								
CMT Decision Maker 2 Harder Ellen								
CMT Decision Maker 3 Elders Theresa								
CMT Decision Maker 4 Caille Karen								
CMT Decision Maker 5 Heye George								
CMT Decision Maker 6 Newman Dani								
CMT Decision Maker 7 Smith Jim								
CMT Decision Maker 8 Creighton Vicki								
CMT Decision Maker 9 Jansen Maryella								
CMT Decision Maker 10 Berg Larry								
Intake	Case Intake, Creighton, Vicki i			06/09/2011	06/09/2011		06/09/2011	Creighton,
Target: GEORGE STEVEN HAMMOND								
Warning: Warning Type: CASE PENDING								

RECEIVED
JUN 22 2011
COMPLAINT INTAKE
UNIT

Warning Effective Date:	06/09/2011
Suppress License Print:	NO
Case Status:	Status Changed To: Intake
Action Info:	Complaint Source: Patient/Client/Resident
Possible Imminent Danger?	No

NOTICE

WAC 246-15-030, procedures for filing, investigation, and resolution of whistleblower complaints.

(1)(b) Instructs that staff will affix a permanent cover to the letter of complaint or other form of notice in the complaint file, noting the statutory citation concerning protecting the identity of the complainant.

(3)(c) Ensure upon case closure, that the permanent cover affixed in subsection (1)(c) of this section will remain.

RCW 43.70 provides that the identity of a whistleblower who complains in good faith to the Department of health about the improper quality of care by a health care provider as defined in RCW 43.72.010 **shall remain confidential**.

Pursuant to the above RCW and WAC it is staff's duty to see that the complainant's name or any information which may identify the complainant is not disclosed.

NOTICE



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

June 17, 2011

COPY

3 - Identity - Whistleblower regarding health care p...

RE: George Steven Hammond, MD
Case No.: 2011-157169MD; Credential No.: MD00025487

Dear Mr. 3 - Identity -...

Thank you for your recent letter in which you expressed concerns regarding an allegation of unprofessional conduct.

A panel of the Medical Quality Assurance Commission reviewed the issues raised in your report and determined they do not meet the criteria established for cases which are to be investigated. As a result, this case has been closed.

Dr. Hammond will also be advised as required by law that this report has been closed. However, your identity will not be revealed.

Thank you for bringing your concerns to the attention of the Medical Quality Assurance Commission. If you have any questions, please call me at (360)236-2770 or contact me by email at jim.smith@doh.wa.gov.

Sincerely,

JAMES H. SMITH, Chief Investigator
Department of Health
Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98504-7866



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

June 17, 2011

George Steven Hammond, MD

1 - DOH Licensee Health Profe...

COPY

RE: George Steven Hammond, MD
Case No.: 2011-157169MD; Credential No. MD00025487

Dear Dr. Hammond:

The Medical Quality Assurance Commission received a report alleging unprofessional conduct. A panel of the Commission reviewed the report and determined that it did not meet the criteria established for cases which are to be investigated. Therefore, this case has been closed.

You have the right to request any information contained in the file. However, please note that the state whistleblower law, RCW 43.70.075, prohibits disclosure of the complainant's identity in cases where a whistleblower waiver has not been obtained. Consequently, any information you might obtain through a public disclosure request would not contain specific details of the complaint. If you would like a summary of the case or other materials in the file, please submit a written request for a copy to the Department of Health, Public Disclosure & Records Center, PO Box 47865, Olympia, WA 98504-7865 or fax to (360)586-2171.

Because the report file was closed without an investigation, the existence of this report is not releasable through the automated voice response system or in response to telephone inquiries. However, the report is subject to written public disclosure requests (RCW 18.130.0-95 and RCW 42.17). Even though this case has been closed, you have the right to voluntarily submit a written statement which will become part of the file and will be provided in response to any public disclosure request.

If you have any questions, please call me at (360)236-2770, or contact me by email at jim.smith@doh.wa.gov.

Sincerely,

JAMES H. SMITH, Chief Investigator
Department of Health
Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98504-7866



RECEIVED

JUN 02 2011

DEPARTMENT OF HEALTH
NCOAC

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

3 - Identity - Whistleblower regarding ...

plaintiff

) Medical Malpractice by

) Healthcare Providers.

v. C. Stevens Hammond, M.D. Chief

) Case No.

Defendant(s) Jane Doe

)

Defendant(s)

) (Clerk's action required)

Defendant's address

RECEIVED

Coyote Ridge Correction Center

JUN 07 2011

1301 North Ephrata Ave., P.O. Box 3769

DEPARTMENT OF HEALTH
MEDICAL COMMISSION

Connell, WA. 99326

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page 1

unnecessary and wanton infliction of pain" which the Eighth
 "ence" to serious medical needs of prisoners constitute the
 protected by the Eighth Amendment held that "deliberate indifference-
 held that medical care is a condition of confinement that is
 283, 500 L.Ed. 2d 251 (1976). The Supreme Court is specifically
 against cruel and unusual punishment. 429 U.S. 97, 97 S.Ct.
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 Supreme Court concluded that medical care is a condition of
 In the landmark of Estelle v. Gamble, the United States
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 the prisoner, who cannot, by reason of the deprivation of his
 It is but just that the public be required to care for
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 (Track Statutory Language of Offense).
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 would constitute the "unnecessary and wanton infliction of
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Amendment must prohibit. Id. at 164 (citing *Crogg v. George*, 428 U.S. 135, 167-173 (1976)). The plaintiff is impaired with a vision of cataract and glaucoma manifestation on the left eye and infected scotoma and floaters on the right eye after a cataract surgery. He has a vision on the right clouded with the scotoma and floaters making it difficult to see at times. He cannot see out of his left eye due to the cataract impaired vision.

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To the best of my knowledge this is based on facts and I am suffering painful ideals from not being able to see due to the manifested lens.

Dated 05/26/2011.

Respectfully submitted.

3 - Identity - Whistleblower regarding health care provider - RCW 42.56.510, ...

page 6

3 - Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075

PASCO WA 993

31 MAY 2011 PM 11

USA
FIRST-CLASS
FOREVER



This was mailed by an inmate
Confined at a Washington State
Department of Corrections
Contents may be uncensored

Department of Health
Health Professionals Section Secp
P.O. Box # 47864,
Olympia, WA. 98504-7864

98504-7864





THIS ENVELOPE IS RECYCLABLE AND MADE WITH 35% POST-CONSUMER CONTENT

HAMMOND, GEORGE MD_2014-157169 PAGE 49

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Redaction Summary (31 redactions)

3 Privilege / Exemption reasons used:

- 1 -- "DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2)" (4 instances)
- 2 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (1 instance)
- 3 -- "Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075" (26 instances)

Redacted pages:

- Page 3, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance
- Page 6, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance
- Page 8, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance
- Page 13, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance
- Page 14, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance
- Page 15, DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2), 1 instance
- Page 17, DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2), 1 instance
- Page 20, DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2), 1 instance
- Page 20, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 22, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance
- Page 24, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 2 instances
- Page 26, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance
- Page 28, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 5 instances
- Page 30, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 4 instances
- Page 31, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance
- Page 36, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance
- Page 37, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance
- Page 40, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 2 instances
- Page 41, DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2), 1 instance
- Page 42, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance
- Page 47, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance
- Page 48, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance